# State of South Dakota
# Campaign Finance Disclosure Statement

Full Name of Committee: NO ON 17

DAVID OWEN, DAVID OWEN,
Chair -- Treasurer -- Candidate

DAVIDO@SDCHAMBER.BIZ;
DAVIDO@SDCHAMBER.BIZ;
Email (Optional)

222 EAST CAPITOL, SUITE 15 PIERRE SD 57501
Committee Street Address

(605) 224-6161
Phone

PO BOX 190 PIERRE SD 57501
Postal Street Address

Name of Person Making Report | Daytime Telephone # | Evening Telephone #

If Candidate Committee, please note office being sought.

Political party affiliation (if any)

**If Ballot Question Committee, Ballot Question Title**

Initiated Measure 17

**Supporting** ☐ **Opposing** ☑

**Type of Campaign Statement**

| Pre-Primary | Pre-Convention | Pre-General | Mid-Year | Year-End | Amendment | Supplement | Termination |
|---|---|---|---|---|---|---|---|
| ☐ | ☐ | X | ☐ | ☐ | ☐ | ☐ | ☐ |

## VERIFICATION OF PERSON MAKING REPORT

I, TONY REISS
(print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the treasurer responsible for filing to a civil penalty per day for each day that the statement remains delinquent.

Friday, October 24, 2014
Date

TONY REISS
Signature of AuthorizedUser

**County, municipal and school** candidates file this statement with the person in charge of the local election.

**Statewide PACs, political party, ballot question and other committees** file this statement with the Secretary of State's Office

**Secretary of State, Elections Department**
**500 East Capitol Ave., Ste 204**
**Pierre, SD 57501**
**of fax to 605-773-6580 or**
**e-mail to cfr@state.sd.us**

Fax and e-mail images must contain the signature (s) and the **original must be filed in our office one week** following the date the fax/e-mail was received.

# INCOME

## Direct Contributions from Individuals

Each type of contributor has thier own section for itemization. This schedule may be duplicated if you need more space or you may attach additionl sheets of paper.

| Unitemized Contributions from Individuals | Amount |
|---|---|
| Enter Total of all unitemized contributions($100 or less each from individuals) here: | |

Line item A1

### *Itemized Contributions from Individuals*

Enter all itemized contributions($100.01 or more each from individuals) here:

| Name | Residential (Street) Address | Amount |
|---|---|---|
| THOMAS DICE | PO BOX 790 MITCHELL SD 57301 | $500.00 |
| Itemized Contributions--Enter Total of all itemized contributions($100.01 or more each from inidviduals): | | $500.00 |

Line item A2

## Direct Contributions from Organizations

An organization is defined as any corporate entity, partnership, association, club, labor unition, or any group organized in a corporate form that is not defined as a political committee or political party. ONLY PAC's and Ballot committee Questions may recieve direct contributions from organizations.

| Name | Residential (Street) Address | Amount |
|---|---|---|
| FIRST PREMIER BANK | PO BOX 1348 SIOUX FALLS S 57101 | $5,000.00 |
| SD RETAILERS ASSOCIATION | 320 E CAPITOL PIERRE S 57501 | $800.00 |
| AVERA HEALTH | 3900 WEST AVERA DRIVE SIOUX FALLS SD 54791 | $150,000.00 |
| AVERA HEALTH | 3900 WEST AVERA DRIVE SIOUX FALLS SD 54791 | $20,000.00 |
| AVERA HEALTH | 3900 WEST AVERA DRIVE SIOUX FALLS SD 54791 | $4,500.00 |
| RAPID CITY REGIONAL HOSPITAL | PO BOX 6000 RAPID CITY SD 57709 | $150,000.00 |
| RAPID CITY REGIONAL HOSPITAL | PO BOX 6000 RAPID CITY SD 57709 | $20,000.00 |
| RAPID CITY REGIONAL HOSPITAL | PO BOX 6000 RAPID CITY SD 57709 | $30,000.00 |
| RAPID CITY REGIONAL HOSPITAL | PO BOX 6000 RAPID CITY SD 57709 | $11,603.10 |
| WESTERN PROVIDERS PO | PO BOX 2654 RAPID CITY SD 57709 | $10,000.00 |
| WESTERN RPOVIDERS PHYSICIAN HOSPITAL ORGANIZATION | PO BOX 6000 RAPID CITY SD 57701 | $10,000.00 |
| SANFORD HEALTH | 1305 WEST 18TH ST SIOUX FALLS SD 57105 | $150,000.00 |
| SANFORD HEALTH | 1305 WEST 18TH ST SIOUX FALLS SD 57105 | $39,000.00 |
| SANFORD HEALTH | 1305 WEST 18TH ST SIOUX FALLS SD 57105 | $20,000.00 |
| SD ASSOCIATION OF HEALTHCARE ORGANIZATIONS | 3708 BROOKS PLACE, STE 1 SIOUX FALLS SD 57106 | $115,500.00 |
| WELLMARK SOUTH DAKOTA | PO BOX 9232 DES MOINES IA 50306 | $50,000.00 |
| AMERICA'S HEALTH INSURANCE PLANS | 601 PENNSYLVANIA AVE NW, STE 500 SOUTH WASHINGTON DC 20004 | $25,000.00 |
| SD CHAMBER OF COMMERCE & INDUSTRY | PO BOX 190 PIERRE SD 57501 | $100.00 |
| Itemized Contributions--Enter Total of all itemized contributions from organizations: | | $811,503.10 |

Line item B1

## Direct Contributions from Political Parties

### *Contributions from Political Parties*

| Name | Residential (Street) Address | Amount |
|---|---|---|
| Enter total of all contributions from Political Parties here: | | |

Line item C1

## Direct Contributions from In-State Political Action Committees

### *Contributions from South Dakota Political Action Committees*

| Name | Residential (Street) Address | Amount |
|---|---|---|
| Enter total of all contributions from South Dakota Political Action Committees or South Dakota Candidate Committees here: | | |

Line item D1

## Direct Contributions from Out-of-State Political Action Committees

### *Contributions from Federal Political Action Committees*

| Name | Filing Web Address | Amount |
|---|---|---|
| Enter total of all contributions from Federal Political Action Committees or Out-of-State Candidate Committees here: | | |

Line item D2

## Direct Contributions from Candidate Committees

### *Contributions from Candidate Committees*

| Name | Residential (Street) Address | Amount |
|---|---|---|
| Enter total of all contributions from Candidate Committees here: | | |

Line item E1

## In-Kind Contributions

### *Non-cash contributions of goods and services and the estimated fair market value*

| Description | Name and Residential Address | Estimated Value |
|---|---|---|
| Enter total of all estimated in-kind contributions here: | | |

Line item F1

## Other Income

### *Refunds, rebates, interest earned, sale of property, or other income which is not a direct contribution*

| Source of Income | Description of Income | Amount |
|---|---|---|
| Enter total of other income here: | | |

Line item G1

## Loans Owed to Committee

***Report the amount of each loan owed to the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed to the committee at the end of the reporting period must be itemized.***

| **Name of recipient of loan, including address.** | **Amount of loan made during the reporting period** | **Amount of laon repaid during the reporting period** | **Balance of loan at the end of the reporting period** |
|---|---|---|---|
| Enter total amount of loans owed to committee here: | | | |

Line item Y3

## Establishing and Administering Committee/Solicitation Costs

***List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or solicitation costs of the political committee.***

| **Organizational Name and Categorical Description of Direct Funds** | **Amount** |
|---|---|
| Enter total here: | |

Line item H1

# EXPENDITURES

## Operational Expenditures

***Categories have been provided for reporting common expenses. You may list other iexpense items at your discretion.***

| **Campaign Expenses** | **Amount** |
|---|---|
| Administrative | $10,016.51 |
| Advertising | $745,113.09 |
| Bank Fees | $35.00 |
| Consulting | $45,800.00 |
| Fundraising | $0.00 |
| Mailing | $19.99 |
| Office Supplies | $0.00 |
| Printing | $0.00 |
| Rent | $0.00 |
| Salaries | $0.00 |
| Travel | $0.00 |
| Enter total expenditures here: | $800,984.59 |

Line item X1

## Contributions Made to Candidates and Committees

| **Name of Candidate or Committee** | **Amount** |
|---|---|
| Enter total of contributions to candidates or committees here: | |

Line item X2

## Debts and Obligations Owed by Committee

***All committee obligations which are incurred but unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation***

| **Owed to Creditors Name** | **Nature of obligation** | **Address** | **Amount** |
|---|---|---|---|
| RAPID CIT REGIONAL HEALTH | PRINTING MAILERS, POSTERS, STICKERS, BANNERS | 1906 LOMBARDY DRIVE RAPID CITY S 57703 | $9,420.72 |
| DUHAMEL BROADCASTING ENT | RADIO ADVERTISING | 518 ST JOSEPH ST RAPID CITY S 57709 | $221.00 |
| RAPID CITY JOURNAL | ADVERTISING | | $39.00 |
| Enter total debt owed by committee here: | | | $9,680.72 |

Line item X3

## Loans Owed by Committee

***Report the amount of each loan owed by the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed by the committee at the end of the reporting period must be itemized.***

| **Name of recipient of loan, including address.** | **Amount of loan made during the reporting period** | **Amount of laon repaid during the reporting period** | **Balance of loan at the end of the reporting period** |
|---|---|---|---|
| Enter total amount of loans owed by committee here: | | | |

Line item G2

# SUMMARY OF INCOME AND EXPENDITURES

| | | | |
|---|---|---|---|
| Balance of cash and cash equivalents on hand, if any, at the beginning of the reporting period: | | | $0.00 |
| | | | |
| | | **Credit** | **Debit** |
| | Candidates Personal Contribution to Own Campaign (Family) | $0.00 | |
| | | | |
| **Income:** | | | |
| | Unitemized Contributions | $0.00 | |
| | Itemized Contributions | $500.00 | |
| | Contributions from Organizations | $680,600.00 | |
| | Contributions from Political parties | $0.00 | |
| | Contributions from In-State PAC's | $0.00 | |
| | Contributions from Out-of-State or Federal PAC's | $0.00 | |
| | Direct Contributions from Candidate Committees | $0.00 | |
| | In Kind Contributions | $0.00 | |
| | Other Income | $0.00 | |
| | Expenditures from an external source to establish a committee | $0.00 | |
| | | | |
| **Expenditures:** | | | |
| | Operational Expenditures | | $675,506.26 |
| | Contributions to Candidates and Committees | | $0.00 |
| | | | |
| **Loan Activity:** | | | |
| | Monetary loan made to candidate or Committee outstanding | $0.00 | |
| | Monetary loan made to candidate or Committee repaid during reporting period | | $0.00 |
| | Monetary loan made by Committee outstanding | | $0.00 |
| | Monetary loan repaid to Committee during reporting period | $0.00 | |
| | Debts and Obligations Owed by the Committee | $0.00 | |
| | Debts and Obligations Owed to the Committee | | $0.00 |
| | | | |
| | | | |
| Amount on Hand at the end of the reporting period: | | | $5,593.74 |

***Note: You cannot end the reporting period with a negative balance.**

**County, municipal and school candidates file with the person in charge of the local election.**